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SDNY PRO SE OFFICE

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

2022 APR -5 AM 10:45

Rafael A. Jones

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

-against-

22 CV 2794

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

Joseph CaputoCommissioner of Mental Health

(full name(s) of the defendant(s)/respondent(s))

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? Yes No (If "No," go to Question 2.)

I am being held at:

AMCG 18-18 Hazen, East Floor West NY 11370Do you receive any payment from this institution? Yes No

Monthly amount:

(0)

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? Yes No

If "yes," my employer's name and address are:

Gross monthly pay or wages:

(0)

If "no," what was your last date of employment?

09/14/2021

Gross monthly wages at the time:

\$1800

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment
(b) Rent payments, interest, or dividends

Yes
 Yes

No
 No

(c) Pension, annuity, or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(d) Disability or worker's compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(e) Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(g) Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

N / A

If you answered "No" to all of the questions above, explain how you are paying your expenses:

N / A

4. How much money do you have in cash or in a checking, savings, or inmate account? .08\$
5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:
Rent 1,595.00
Utilities \$20.00

NO

6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:

Rent 1,595.00
Utilities \$20.00

7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):
SELF

8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

N / A

Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

Dated

03/30/2022

Signature

Ronald Aguirre

Name (Last, First, MI)

Jones Rafaell A

Prison Identification # (if incarcerated)

2412101760

Address

AMKC 18-13 Haven St East Elm Hurst NY 11370

City

State

Zip Code

Telephone Number

N / A

E-mail Address (if available)

N / A

03/18/2022

New York City Department Of Correction
View/Print Inmate Transactions

IFCAIT01
I61682BAC Number : 2412101760

JONES, RAFAEL

Date	Description	Notes	Reference	Amount	Balance
10/12/21	COMMISSARY		1346707178	(52.16)	8.17
10/10/21	3RD PARTY DEPOSITS	JPAY01 REMOTE DEP	1346703635	60.00	60.33
09/19/21	FUNDS TRANSFER	FUND XFER-2412001849	1346654431	0.33	0.33
/ /					
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Available Balance :	0.08
Total Balance :	0.08
Current Facility ID :	AMKC
Status :	DETAINED
Filing Fee Balance :	312.25

Unpaid Restitutions :	
Held Check Balance :	
Surcharge Balance :	
Uncollected Surcharge:	
Funds in Escrow :	

<Next>=Down Page <Prev>=Up Page <F2>=Print Report <F11>=Exit
 <F17>=Restitutions <F18>=Phone Calls <F20>=Date
 This is the last page.